ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
			DATE
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O.I.P.E. CLASSIFIER	21.11		1/1/00
FORMALITY REVIEW		12/100	1 27/ 50
RESPONSE FORMALITY REVIEW		2-11	214-11
		(A441)	3-27-01

INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

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